



Standing Order Request Form

Please complete in block letters

Please effect the instructions below on my/our behalf [] New

[] Amend

CUSTOMER'S DETAILS

Account Name:

Account No:

Address:

BVN No: _____ Phone No: _____

Email Address: _____

RECIPIENT'S BENEFICIARY'S DETAILS

Beneficiary Name:

Account No:

Bank Name:

Sort Code:

STANDING INSTRUCTION

Pay amount in figures: _____ in words: _____

Frequency: Monthly [] Quarterly [] Yearly [] Weekly [] Others specify _____

From my account to beneficiary's account indicated above Starting Date _____

and End Date _____ being payment of _____

For amendments indicate details to be amended in the box below:

Terms and conditions of Standing order:

- The bank does not undertake to effect after the due date, any payment which was not effected on the due date owing to lack of funds.
- The customer shall ensure that there are sufficient funds in the account before the due date to enable the bank to effect these instructions.
- The bank hereby reserves the right to cancel this standing instruction without notice to the customer if the standing instruction has failed and payments could not be made for three consecutive times due to lack of funds, the account being blocked and/or account being dormant or any other reason(s) which is/are due to acts and/or omissions of the customer. The bank shall not liable for such cancellation, failure to execute or insufficient execution of the instruction or any direct and/or indirect consequences that may arise from the same.
- The bank shall not be liable whatsoever to transfer form/teller handed over by me to the bank officers outside normal banking hours and/or outside the bank premises except as may be otherwise agreed.
- The bank will not undertake to advise beneficiary of inability to pay.

Authorised signatories

By signing this standing order request form, I/We have read, understood and agreed to be bound to the terms mentioned herein and I/We have signed in agreement to the same and confirm that the information supplied in this form is correct to the best of my/our knowledge. I/We accept responsibility for all such instructions and for ensuring the accuracy and completeness of these instructions.

Name: _____

Signature: _____

Name: _____

Signature: _____

BANK USE:

Mode of Transfer: _____ Verified by: _____ Date: _____

Set Up By: _____ Approved by: _____ Date: _____

NOTE : Payment may take two working days to reach the beneficiary's account.

...Transforming Ordinary Individuals Into Creators Of Wealth,

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